

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFOR	RMATION	TO CONTRACTOR	CONTRACTOR OF
1. Full name of committee (as on Statement of Organization)	e		
Committee to Elect Brian Ayer for Noblesy	ville City	Council At L	arge
2. Acronym or abbreviated name, if any	Committee tele	phone number	
deleted and transfer to 1912 flot graft be the rotal of all gases at Schadule		773-1895	
	heck if this is a new a	idress	
77 So. 9th Street	1		
5. City, state, ZIP code Noblesville, IN 46060	6. Party affiliation Republ		THIS AN AMERICANES
	-		COMPANIES CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C
7. Full name of candidate (include any nickname)	8. Party affiliation		
	Republ	DESCRIPTION OF PLANT OF	
Brian K. Ayer 9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of resi	the same of the sa	
Noblesville City Council At Large	Hamilt		merchan are sales a secretary
TYPE OF REPORT		A STATE OF THE PARTY OF THE PAR	CANDIDATES ONLY
11. Check one:		Check one:	c sm sa yestigo un
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	and 20 must be "0")	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Conventio	n
12. Reporting period:	entes verie	COLUMN A	COLUMN B
From: January 1, 2003 Through: December 3	31, 2003	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	O. HOLLING AND D.	0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash cont	tributions.)	2,650.00	2,650,00
15a. Itemized (use Schedule A) 15b. Ünitemized	making and an	1.245.00	1,245.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	3.895.00	3.895.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3,895,00	3,895.00
EXPENDITURES		克尔尼尔 克克	
(Note: These amounts include in-kind expenditures and loan repayments.)	the behalfing to		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	nedtrucki ke date	3,850.12	3,850.12
17b. Uniternized	sealther A. Landons	44.88	44.88
17c. Add lines 17a and 17b in both columns	SUBTOTAL	3,895.00	3,895.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both or	olumns) TOTAL	0	0
19. Debts OWED BY the committee (use Schedule D)	person) pascilantes e	0	
20. Debts OWED TO the committee (use Schedule E)	Showing with	0	
Ed. Decid Office To the continues take Schedule C)			September 1986 Constitution of the Constitutio

Signature on File

FOR OFFICE USE ONLY

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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DIALIN	AM SI	IAN S	59000	ERTA
Page _	1	of _	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
(street, number, city, state, ZIP code) 1. C.G. Richert 2444 Hawthorn Dr. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	150.00	150.00	2/5/03
Contributor's Occupation (if required)	Other Receipts:	ad yearlo nota saluditinos os a contributos		CUPATION:
Michael Field 1205 Logan St. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	500.00	500.00	3/3/03
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	EAR-TO-D		bones par United & CU
3. William Reid 104 Wilshire Ct. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	200.00	200.00	3/20/03
Contributor's Occupation (if required)	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	OK nebu vens	m vo koes to erd nedw beviesse	beviete estima seu esteste seu carvas seu carvas
Charles Spartz 19865 Creek Rd. Noblesville, IN 46060	Contributions: ☑ Direct ☐ In-Kind (describe)	300.00	300.00	3/26/03
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	A BUUGEKS no stupi setri	S PO SEIDAN toe oalA .A ghr	redo8 no arquio
William Crask 275 Ashbourne Dr. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	500.00	500.00	3/31/03
Contributor's Occupation (# required)	Other Receipts:			
SUB TOT TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM 15a of the Sum)		\$1,650.00		



State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other

Receipts

INSTRUCTIONS: LIST ONLY CONTRIBITIONS RY INTRIBUTIONS BY INTRI

	FILE	NUMBE	R	
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Page	2	of	2	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
Shirley/Keith Ayer 1688 Conner St. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	200	200	1/29/03
Contributor's Occupation (if required)	Other Receipts:			
	Contributions:			
Shirley/Keith Ayer 1688 Conner St. Noblesville, IN 46060	∑ Direct ☐ In-Kind (describe)	300	500	4/16/03
	Other Receipts: Interest □Loan □ Misc (specify)			
Contributor's Occupation (if required)				
3. _{6.6.}	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest ILcan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest I Loan Misc (specify)	***		
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Doan Misc (specify)			
SUB TOTAL TH TOTAL OF ALL PAGES OF SCHEDULE A C	IS PAGE OF SCHEDULE A	\$ 500.00		
(Enter total on ITEM 15a of the Summary S		\$		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	A SMAIN & SIOTUBISTIN		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
AME, LLC 19172 Potters Bridge Rd. Noblesville, IN 46060	Contributions: XIX Direct ☐ In-Kind (describe)	500.00	500.00	3/5/03
impersive to it the full nets; of the contributor.	Other Receipts:	dudininos s	nheina nany	PORTANT
eta), For "misce language", be as specific as possible. on, incording la-8 vd, transferre-in or other receipts for this	Contributions: Direct In-Kind (describe)	PERIOD: E	DUN TANGO	LUMN A AM
erbydore, logiudit g lin-kind, toersters-in ar athar neuebla	Other Receipts:	YEAR-TO-E	SWITAJUN	LUMES CU
to B is the same as the entry in Columna. Ved. For checks and makey orders indicate the sate the	Contributions: Direct In-Kind (describe)	tabasisa one yab day an	ort of each	m smit étt. Dræden av
t or deposited in an account. For cash contribution, the car, NOT, when realled or deposited in an account contribution for the committee (IC 2-3-1-25)	Other Receipts:	cash is sec	n to sports and sortivities and the orbit terms (1)	celved B.
e of Schedule A. It frage to drift out gage of this outheaute. *[LY: Enter, (Dw.1 HE LAST PACE ONLY) the total oncount	Contributions:	SUPPRINTER OF ALL PACE CHEOVER	S PAGE OF S 29 ES TOTA PAGES OF	IHT ZATOTA BER OF E BER
	Other Receipts:	engt art w	dus A. Aiso an	nus nu etym
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	Other Receipts: Interest Loan Misc (specify)			
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TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM 15a of the Summ	E A ON THE LAST PAGE ONLY	s		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
over \$100 with a calendar year (\$200 it regular purry	Contributions: Direct In-Kind (describe)	recolle lo assit	be gollen bre	eman ful en
	Other Receipts:	studomor s	granute nerth	RTANT: V
to J. For 'misca laneous', he as specific as possibles. In including in-kind, transfers-in or other receive for line.	Contributions: Direct In-Kind (describe)	as yord sign. PERIOD: Ex	HOLLGISH FOUS) BROKON SINT TRUC	MA A NE
espisors archoro m-austanant transfers processes anobus	Other Receipts:	EAR-TO-D	Y EVITALIUE	g period NIN SI CUR r year-tc-dats
Is the came as the entry in Common.	Contributions: Direct In-Kind (describe)	calendar y	dase to tro	RECEIVED
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A schedule K. Il triate at any one page of the schedule. Y: Satar (CN 1 95 LAST PAGE CNLY) the total amount.	Contributions: Direct In-Kind (describe)	HEDRITE N	DAGE OF S ASES OF S	OF ALL P
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
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1.	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	officel action committee received a muster-in. At transferm- political action committee, or regular party committee) must	Contributions: Direct In-Kind (describe)	oq dass to eas late's commissi	atic gribum bis stoke) eutilmin muons to vas	eman list est a ce isatilice a mo
		Other Receipts: Interest Loan Misc (specify)			
2	- Charles & Child Server server of Children Child Server S	Contributions:	a prec evert or	is anilum bos v zadilm zabul	ba aufi (belfin ba aufi (belfin c
		Other Receipts: Interest Loan Misc (specify)	REHTO RO	MOTUBIST	WOO NO BY
3.	ion, Indicating in-land, transfere-in or other receipts for a con-	Contributions: Direct In-Kind (describe)	es :dols39	ент тице	MA A MRU. boluo poli
	tributions, including inviend, wantsteen-to or other receipts.	Other Receipts:	calendar y	SVICE AS INC.	the first rag
4.		Contributions: Direct In-Kind (describe)	oney order, NC oash is acce	Che check or m Che check or m soaived when	baviscer selfo
		Other Receipts:	CHEDULE OF ALL PAGE	PASE OF J	THT LATOT
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		Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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2		Contributions:			
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-20,000	us bett. Per là lier i comtributions casorina tha general	BOERFT: Creak the up expos	A SHITE R	O MOITUSE	ITHOS TO
3.		Contributions: Direct In-Kind (describe)	stra : 00893	S SHIT THE	CANA A MINI
					spatied 6
		Other Receipts:	MG-OT-RAS	JUATIVE Y	
	A omulo of your ent as time only is Column A.	☐ Interest ☐ Loan ☐ Misc (specify)			.elish-ol-tany ti
4.	The sendings at Appe and as imme and at a	Contributions:	ay tobueles	R038 10 73	audi Jeni e
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		radorius <u>existinamo nel un be</u>	Squade of Cas	nach boxis	ion our enoily
		Calci Nescipia	m settimmo	Enter the	YO CHUR
	Schedule A. If it are in only one page of this Schedule.	☐ Interest ☐ Loan ☐ Misc (specify)	A BUUGSK	PAGE OF BE	SIRT JATO
		Contributions:	S 211 DAGE	LATOT and a	1
	Y: Enter (ON THE LAST PAGE ONLY) the total amount	☐ Direct ☐ In-Kind (describe)	HEDULE A Trib figure on F	GES 05 90.	OF ALL Po
		Other Receipts: Interest Loan Misc (specify)			
_	SUB TOTAL	AL THIS PAGE OF SCHEDULE A	\$ 0	247574	
	TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM 15a of the Summ	E A ON THE LAST PAGE ONLY	\$2,650.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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Page	1	of	2	Mary Vine

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

TO ENGLISHED BY WE EXPENDED FOR THE		ocument (milespan (miles	15 (\$220 £ 0002) 0	off palsy than the	mi emprepi su
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Logan Street Sign 1720 S. 10th St.	sign maker	Spirect	265.00	265.00	3/5/03
Noblesville, IN 4606	0	Purpose: magnetic sign		chapter second on a	St. Under norm Indpent if arek company Also
Code A Co. Printing 104 W. Main St.	printer was	Direct	753.45	753.45	3/20/03
Westfield, IN 46074	els will too ask iper with got	Purpose: brochures		animal de la	Type:
Code A Logan Street Sign	sign maker	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	125.92	390.92	3/12/03
1720 S. 10th St. Noblesville, IN 4606	0	Purpose: signs		galatrian P	odkan Type: i
Bold Impressions	sign maker	Direct	1,478.70	1,478.70	4/3/03
839 Conner St. Noblesville, IN 4606	0	Purpose: yard signs		A prostrand Liver of the contract of the contr	Special Paper A
Logan Street Sign	sign maker	Direct In-Kind Payment of Debt Returned Contribution Other	111.30	502.22	4/18/03
1720 S. 10th St. Noblesville, IN 4606	0	Purpose: magnetic signs		ricot silen ericor	Carrowen on the control of the contr
Topics Newspapers	newspaper	⊠ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □	803.25	803.25	4/22/03
13095 Publishers's D Noblesville, IN 4606		Purpose: advertising	tiodes Supraedo	enationie	Supplement
Topics Newspapers	newspaper	Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐	202.50	1,005.75	4/8/03
13095 Publishers's Dr Noblesville, IN 4606		Purpose: advertising	encil at control		Paradauna Utilana Paradauna
	SUB TOTAL TH	IS PAGE OF SCHEDULE B	\$3,740.1		4
	PAGES OF SCHEDULE B	ON THE LAST PAGE ONLY	s		



Stata Form 1506 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B)
Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Noblesville Times 15250 So. 9th St. Noblesville, IN 4606	newspaper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	110.00	110.00	5/15/03
Code	_	advertising Direct			-
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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		S PAGE OF SCHEDULE B	\$ 110.0	- 74	ang and
	PAGES OF SCHEDULE B C ITEM 17a of the Summary S		\$3,850.1		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	P	PUBLIC QUESTION INFORMATION		ortha schedu	both separate
Type of Question: Statewide Loc Position: Supported Opposed		son the belot, or the general sub the public question is statewide or i			to txer ent voi masteb need : origos arti Xos
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	□Direct			EDITURE: CN	9903 RO B9
ny reimbursamant. period	□ In-Kind	pose of the expenditure. (Se specific he emount of each expenditure for t	enter the pur RIOD: Enter	HAD TRUE	EUNIN A ANN
ate. g guidelines to determine the	Direct		D-DATE: End of the month, I	T-FAST THUS and SMITTING	LUMBE B AMI TE OF EXPE
	□ In-Kind				20 00 0000
b,b,	Direct				
	□In-Kind				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT CUMULATIVE	BALANCE T		
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

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INSTRUCTIONS:	Please type or prin	t legibly IN BLACK I	NK all information	on this form. For	assistance in completing
this schedule, see	instructions on the	reverse side. List al	I debts, loans, r	regardless of an	nount, OWED TO the
committee durin	ng the reporting	period. Include	all amounts the	e committee ha	as loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, Z-P code)		DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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